

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Ashford Lodge

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Tel: 01227731437

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September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	ACH of London LLP
Registered Manager	Mr. Michael Graham Hand
Overview of the service	Ashford Lodge is a privately owned care home providing personal care and support to up to nine adults who have learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

There were nine people using the service and we met and spoke with some of them. People said or indicated that they were happy with the service.

People were taking part in activities and going out into the community. People were encouraged to be involved in the running of the service including taking part in the cooking, gardening and cleaning. One person told us "I went bowling and I enjoyed it". People told us about their recent and forthcoming holidays that they were looking forward to. One person said "I like doing the housework and my laundry".

People maintained good health as the service worked closely with health and social care professionals. Staff were supported and supervised and given the training they needed to provide a good quality service. There was enough skilled and experienced staff to meet peoples' needs and staff engaged with people in a calm reassuring manner.

People felt safe and were protected from the risk of harm and abuse. The robust quality assurance and monitoring systems ensured that the service was safe.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way their care was delivered.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People were supported to express their views and were involved in making decisions about their care and treatment. Person centred reviews were held which ensured that people were kept at the centre of the care planning and review process and their views listened to and supported.

Staff were trained in how to communicate effectively with people. This enabled staff to understand people's views and wishes. The environment aided communication in that there were signs and pictures enabling people to make choices.

People had a support plan detailing their needs and choices in relation to how their care was provided and how they preferred to be supported. The plans, including risk assessments, were developed in consultation with each person. They provided structure and guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely.

We found that systems for consultation, interaction and communication were effective and individuals had their dignity protected. People were treated with respect and their privacy was protected.

People were supported to make choices about their lifestyle, activities and support. This meant that people had control over their lives. We saw that staff offered choices to people and encouraged people to be as independent as possible.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People who use the service experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care or support plan. Each person using the service had a support plan that was individual to them and that they or their representatives had been involved in writing. The plans were meaningful to people and had photographs and pictures. Plans were person centred and focused on people's positive attributes.

People's health and personal care needs were recorded in their individual care plans as well as their personal goals and aspirations for the future. There was information about people's background and life events. This meant that staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events and dates.

People maintained good physical and mental health because the service worked very closely with health and social care professionals. Referrals were made for extra support including requests for any aids and equipment. Special diets were catered for and healthy eating and lifestyle encouraged with pictures and information about healthy eating displayed. People's weight was checked at intervals to make sure that it remained stable. Support was provided to ensure that people could access specialist health care including dentists and opticians.

Potential risks were assessed and steps taken to reduce them so that people remained safe and well without being restricted. Risk assessments were person centred and kept under review to check that any risk was still relevant or had changed.

The contact details for people's next of kin and other important people were recorded in the plans and people had support to keep in touch with their family and friends. One person told us that they enjoyed using the train to visit their family.

People looked happy and relaxed in the company of each other and staff. People expressed that they had enough to do and accessed a range of community based activities. Some people went out on planned trips during our inspection. Peoples' hobbies and interests were supported and plans were in place to increase

people's skills. Staff encouraged people to be as independent as possible and to take part in the cooking and cleaning and the running of the home. An on-site 'skills room' meant that people had the choice of taking part in activities when at home.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Policies and procedures for protecting people from abuse were in place for staff to refer to. Staff had had training in how to recognise and respond to possible abuse. Staff demonstrated knowledge of what abuse was and how to raise concerns. Staff we spoke with could tell us about different types of abuse and could say, accurately, what they would do if they suspected abuse. The manager was aware of how to report concerns and who to report to and had knowledge of safeguarding procedures.

There were systems in place to safeguard people's money and valuables and policies that informed staff of their role and responsibilities in this area. There were safety systems in place to safeguard things like people's personal property and personal safety. New staff were vetted before they started to work at the home to ensure that they were safe to work with vulnerable people.

Problem behaviour was understood and supported. We saw that referrals had been made to the relevant professionals when a person had become increasingly anxious. Staff anticipated when behaviours might occur and took action to prevent them from happening, for example, by talking to people about something they were interested in or offering an activity. This reduced peoples' anxieties and they appeared calmer. Staff were trained how to support problem behaviours in a positive proactive way.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet peoples' needs. An assessment based on the needs of people who use the service showed what staffing levels were needed. The manager then made sure that there were enough staff on duty with the right skills to meet those assessed needs. One person told us "The staff are around when I need them. The staff are good."

The deployment of staff was well planned and organised so staff knew their role and responsibilities each day. This was written down on a shift plan so staff could refer to it. Extra staff were available when needed and staffing was planned around activities, appointments and events. Records showed that people had the support that they had been assessed as needing. There were suitable arrangements in place to cover emergencies including staff sickness. The manager or senior staff were on call out of hours to give advice and support.

The arrangements to train, mentor and support staff meant that staff were competent, supervised and supported. Staff spoke with understanding and knowledge of peoples' needs. Staff communicated effectively with people and gave people the time and the reassurance they needed.

Staff had completed a range of training courses including courses in subjects related to people's specific needs. Staff interacted with people in a positive, kind manner and equality and diversity was respected. Staff said that they felt there were enough staff to meet people's needs and told us that they enjoyed their jobs and that staff morale was good. Staff told us that the manager was approachable and very supportive.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People said or indicated that they were satisfied with the service being provided.

We saw that there were systems in place to carry out quality checks to make sure that people were happy with the service. The staff met with people regularly, individually and as a group to make sure that they were receiving the care and support they needed. Following these meetings, improvements had been made based directly on feedback from people using the service.

Information about people's experiences had been gathered in such a way to allow for monitoring of risks and the quality of care delivery. For example, surveys were sent out to people using the service and their representatives and the results analysed. Review meetings and house meetings gave a forum to enable people to air their views and opinions.

People benefited from safe quality care, treatment and support as the provider had effective procedures in place to monitor the quality of the service and make improvements and changes if any shortfalls were identified. Staff members had responsibility for checking certain areas including the vehicles, medication systems and fire systems. A senior manager carried out regular audits of the service as well as audits by the provider's quality assurance team.

A maintenance team promptly addressed any repairs and maintenance problems that staff reported. This maintained a safe environment. Accidents and incidents were recorded and analysed and if required, appropriate action was taken to prevent them happening again.

Each person was given a copy of the complaints procedure which was produced in formats to meet peoples' needs. Any complaints were logged and resolved in line with the procedure. The provider responded to all concerns and issues raised.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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